

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/913,444 08/15/2001 Koichi Ito 0425-0847P 9635 TITLE OF INVENTION: HETERODIAZINONE DERIVATIVES 10/26/2004 SZEUDIE2 00000027 09913444 01 FC::1501 1370.00 0P 12.00 0P APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$10/26/2004 EXAMINER ART UNIT CLASS-SUBCLASS KIFLE, BRUCK 1624 514-222500 CFR 1.363). Change of correspondence address or indication of "Fee Address" (37) CFR 1.363). CFR 1.363). CPC Address' indication for "Fee Address" Indication form PTO/SB/122) attached. 01 "Fee Address' indication for "Fee Address" Indication form PTO/SB/122) attached. 21 "Fee Address' indication for "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required. 32 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Tokyo, Japan	2292 7	ICE ADDRESS (Note: Use Block 1 for 7590 07/26/2004 ART KOLASCH & BI I, VA 22040-0747		OTPE	Fe pa ha	ee(s) Transmittal. The pers. Each additional tree its own certificate.	mailing can only be used fis certificate cannot be used all paper, such as an assignme of mailing or transmission. rtificate of Mailing or Transmission is Fee(s) Transmittal is being with sufficient postage for fill Stop ISSUE FEE address TO (703) 746-4000, on the	for any other accompanying ent or formal drawing, mus smission ag deposited with the United states mail in an envelops above, or being facsimiled the indicated below.
APPLICATION NO. FILING DATE FIRST NAMED RIVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/913,444 08/15/2001 Koichi Ito 0425-0847P 9635 TITLE OF INVENTION: HETERODIAZINONE DERIVATIVES 10/266/2004 SZEMBIEZ 00000027 09/913444 O1 FC:1501 1370.00 DP 02 FC:8001 12:00 DP 03 FC:8001 12:00 DP 04 FC:8001 12:00 DP 04 FC:8001 12:00 DP 05 FC:8001 12:00 DP			12		# <u>}</u>			(Depositor's name)
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/913,444 08/15/2001 Koichi Ito 0425-0847P 9635 TITLE OF INVENTION: HETERODIAZINONE DERIVATIVES 10/26/2004 SZEUDIEZ 00000027 09913444 01 FC.15001 1370.00 0P 12.00 0P			₩.	& TOADEMANY	୬ -			(Signature)
09/913,444 08/15/2001 Koichi Ito 0425-0847P 9635 01 FC:1501 01 FC:1501 02 FC:8001 02 FC:8001 03 FC:1501 04 FC:1501 05 FC:8001 05 FC:8001 07 FC		· -						
10/26/2004 \$ZEUDIE2 00000027 09913444 01 FC:1501 1370.00 DP 12:00 DP APPIN.TYPE SMALLENTITY ISSUEFEE PUBLICATIONFEE TOTALFEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1026/2004 EXAMINER ART UNIT CLASS-SUBCLASS KIFLE, BRUCK 1624 514-222500 1. Change of correspondence address or indication of "Fee Address" (37 C) R 1.633). Change of correspondence address (or Change of Correspondence Address form FIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached. Use of a Customer PIO/38147; Rev 03-02 or more recent) attached use of a Customer PIO/38147; Rev 03-02 or more recent) attached use of a Customer PIO/38147; Rev 03-02 or more recent) attached use of the particular decision of the Customer PIO/38147; Rev 03-02 or more recent) attached use of the particular decision of the Customer PIO/38144 (Pio/34147) attached use of the particular decision of the Customer PIO/38144 (Pio/34147) attached use of the PIO/34144 (Pio/34147) attached use of t		-l.				OR	_	
APPLN.TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1575 10/26/2004 EXAMINER ART UNIT CLASS-SUBCLASS KIFLE, BRUCK 1624 \$14-222500 L. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). C. Change of correspondence address (or Change of Correspondence Address' indication (or "Fee Address" indication form PTO/S81/12) attached. C. Change of correspondence address (or Change of Correspondence Address' indication (or "Fee Address" indication form PTO/S81/12) attached. Use of a Customer Number is required. ASSIGNEE RAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patient): Authorized Signature AND Advance Order - # of Copies 4 Depair Advance Order - # of Co						9635		
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 S0 10/26/2004 EXAMINER ART UNIT CLASS-SUBCLASS KIFLE, BRUCK 1624 514-222500 Change of correspondence address or indication of "Fee Address" (37 12 FR 1.363). Change of correspondence address or indication of "Fee Address" (37 12 FR 1.363). Change of correspondence address (or Change of Correspondence Address' indication (or "Fee Address" indication form PTO/SBV122) attached. Change of correspondence address (or Change of Correspondence Address' indication (or "Fee Address" indication form PTO/SBV122) attached. Use of a Customer Number is required. ASSIGNEE RAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent); As The following fee(s) are enclosed: XXI State Fee Publication Fee (No small entity discount permitted) XXI A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. XXI A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. XXI A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Change in Entity Status (from status indicated above) A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Departs Account Number 02-2448 (elections an extra copy of this farm) needs. Change in Entity Status (from status indicated above) Departs Account Number 03-2448 (elections an extra copy of this farm) needs. Authorized Signature. Authorized Signature. Authorized Si	TITLE OF INVENTION: I	HETERODIAZINONE DERI	VATIVES		107	C6/CVV4 52E0D1E		
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 S0 10/26/2004 EXAMINER ART UNIT CLASS-SUBCLASS KIFLE, BRUCK 1624 514-222500 Change of correspondence address or indication of "Fee Address" (37 12 Change of correspondence address or indication of "Fee Address" (37 12 Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/2) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SB/1/2) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SB/1/2) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SB/1/2) attached. Class (or Change of Correspondence address (or Change of Correspondence Address from PTO/SB/1/2) attached. Class (or Change of Correspondence Address from PTO/SB/1/2) attached. Class (or Change of Correspondence address (or Change of Correspondence Address from PTO/SB/1/2) attached. Class (or Change of Correspondence address (or Change of Correspondence Address from PTO/SB/1/2) attached. Class (or Change of Correspondence address (or Change of Correspondence Address from PTO/SB/1/2) attached. Class (or Change of Correspondence address or indication form PTO/SB/1/2) attached. Class (or Change of Correspondence address (or Change of Correspondence address from PTO/SB/1/2) attached. Class (or Change of Correspondence address or indication form PTO/SB/1/2) attached. Class (or Change of Correspondence address or indication form PTO/SB/1/2) attached. Class (or Change of Correspondence address or indication form PTO/SB/1/2) attached. Class (or Change of Correspondence address or indication form PTO/SB/1/2) attached. Class (or Change of Correspondence address or provide a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed. CAN DAME OF ASSIGNE (A) NAME OF ASSIGNE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, Japan Please check the appropria								
No Si330 SO S1530 10/26/2004	ADDIN TVDE	CMALL ENTITY	icelie ei	- I				
KIFLE, BRUCK 1624 514-222500 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/2) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/2) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/2) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/2) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/2) attached. 1. Change of correspondence address or indication form pto 1 correspondence address (or Change of Correspondence address (or Address of Correspondence address (or Change of Correspondence address (or Address or Address of Correspondence address (or Address or Address o							TOTAL FEE(S) DOE	<u> </u>
KIFLE, BRUCK 1624 514-222500 1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.549). 1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. 2. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. 3. Change in Endity Rev 30-30 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) PLEASE Check the appropriate assignee category or categories (will not be printed on the patent); 1. Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent); 2. The Director of the patent tributed by charge the required fee(s), or credit any overpayment beposit Account Number 2. Deposit Account Number 3. ASSIGNEE 4b. Payment of Fee(s): 2. A A check in the amount of the fee(s) is enclosed. 2 Payment by credit card. Form PTO-2038 is attached. 2 Payment by credit card. Form PTO-2038 is attached. 2 Payment by credit card. Form PTO-2038 is attached. 2 Payment by credit card. Form PTO-2038 is attached. 2 Payment by credit card. Form PTO-2038 is attached. 3 Payment by credit card. Form PTO-2038 is attached. 3 Payment by credit card. Form PTO-2038 is attached. 3 Payment by credit card. Form PTO-2038 is attached. 4 Payment by credit card	nonprovisional	*		, 	20		1370	10/20/2004
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence address) (1) the names of up to 3 registered patent attorneys or agents. (2) the names of up to 2 registered patent attorneys or agents. (3) the names of up to 3 registered patent attorneys or agents. (3) the names of up to 3 registered patent attorneys or agents. (3) the names of up to 3 registered patent attorneys or agents. (4) the names of up to 3 registered patent attorneys or agents. (3) the names of up to 3 registered patent attorneys or agents. (4) the names of up to 3 registered patent attorneys or agents. (5) the properties of a customer in the patent (5) the properties attorneys or agents. (6) the names of up to 3 registered patent attorneys or agents. (6) the properties and the names of up to 2 registered attorneys or agents. (6) the properties agent patent attorneys or agents. (7) the properties attorney or agents. (7) the properties attorney or agents. (7) the properties attorney or agents. (7) the properties address or agents of a customer in the patent. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the properties attorneys or agents. (1) the properties attorneys or agents. (1) the properties at a ma	EXAMINER		ART UNIT		CLASS-SUBCLASS] 1,5 ,5	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change in Entity Status (from status indicated above) Cha	KIFLE	, BRUCK	1624		5	14-222500		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent); individual	CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is				
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent); individual	. ASSIGNEE NAME AN	D RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (print or	type)		
Please check the appropriate assignee category or categories (will not be printed on the patent); individual Micorporation or other private group entity governmental group	PLEASE NOTE: Unles recordation as set forth i	s an assignee is identified bein 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear T a substitute for	r on the	patent. If an assign in assignment.	nee is identified below, the	document has been filed for
Please check the appropriate assignee category or categories (will not be printed on the patent); individual XX corporation or other private group entity governments of patents governments g	(A) NAME OF ASSIGN	NEE	(В) RESIDENCE:	(CITY	and STATE OR CO	UNTRY)	
4b. Payment of Fee(s): XM Issue Fee Payment of Fee(s): XM A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. XM Advance Order - # of Copies 4 XM The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 02-2448 (enclose an extra copy of this farm). nee. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2). b. Applicant is not re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the reports of the United States Petent and Trademark Office. Authorized Signature Ab. Payment of Fee(s): XM A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is enclosed. Description: A check in the amount of the fee(s) is en	Eisai Co.	, Ltd.		Tokyo	, Ja	ıpan		
4b. Payment of Fee(s): XX Issue Fee Payment of Fee(s):	Please check the appropriat	te assignee category or catego	ries (will not be pr	inted on the pate	ent):	☐ individual XX	corporation or other private g	roup entity
□ Publication Fee (No small entity discount permitted) XX Advance Order - # of Copies 4 XX The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 02-2448 (enclose an extra copy of this form). need to Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the reports of the United States Petent and Trademark Office. Authorized Signature (Date)				• •				<u> </u>
Advance Order - # of Copies 4 The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 02-2448 (enclose an extra copy of this farm). needs a Applicant claims SMALL ENTITY status. See 37 CFR 1.27. Description is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the refords of the United States Petent and Trademark Office. Authorized Signature (Date)	XX Issue Fee		X	🖾 A check in the	he amou	nt of the fee(s) is end	closed.	
Deposit Account Number	Publication Fee (No s	small entity discount permitte	d)	☐ Payment by	credit ca	ard. Form PTO-2038	is attached.	
Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the refords of the United States Patent and Trademark Office. Authorized Signature (Date)	XX Advance Order - # of	f Copies4	X	The Directo Deposit Accou	r is here		harge the required fee(s), or enclose an extra	credit any overpayment,
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. IOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the provide of the United States Petent and Trademark Office. Authorized Signature (Date)	_ •	`	•	☐ b. Applicant	is not c			
	he Director of the USPTC) is requested to apply the Iss Publication Fee (if required)	ue Fee and Publicate	tion Fee (if any)	or to re	apply any previous	ly paid issue fee to the applic	ation identified above.
his collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc	rc S. Weiner,		tober 25,					

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.31. Incumormation is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)